

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

Name: SYLVIA R GARCIA Daytime Telephone: _____

FILER STATUS	New Member of or Candidate for U.S. House of Representatives	State: <u>TX</u> District: <u>29</u>	Check if Amendment
	Candidates – Date of Election: _____	Staff Filer Type (if Applicable):	
New Officer or Employee	Shared <input type="checkbox"/>	Principal Assistant <input type="checkbox"/>	Period Covered: <u>January 1, 2018</u> to <u>December 31, 2018</u>
A \$200 penalty shall be assessed against any individual who files more than 30 days late.			

(Signature)
(Office Use Only)

HAND DELIVERED

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	<p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: SYLVIA R. GARCIA

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																						
		A	B	C	D	E	F	G	H	I	J	K	L	M	—	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII										
SDJ	ASSET NAME	EIF																																														
American Century Equity Income	X	X																																														
AMG Managers Fairpointe Mid Cap N	X	X																																														
Barron Growth Retail	X	X																																														
BlackRock EAFE Equity Index Coll F	X	X																																														
BlackRock Equity Index - Collective F	X	X																																														
BlackRock Russell 2000 Index Coll F	X	X																																														
Columbia Small Cap Value Fund II Z	X	X																																														
Federated Government Income Trust IS	X	X																																														
Fidelity Contrafund	X	X																																														
Houston Fixed Fund	X	X																																														
INVESCO Diversified Dividend RS	X	X																																														
Lifepath Index Retirement Fund F	X	X																																														
Nuveen International Growth I	X	X																																														
Nuveen Real Estate Securities I	X	X																																														
Oppenheimer Global Fund A	X	X																																														

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUBE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the 'senior staff' rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
City of Houston Pension	Pension	\$ 61,753.92	\$ 60,840.00
Harris County Pension	Pension	\$ 30,981.72	\$ 30,981.00
Texas State Senate	Salary	\$ 8,150.00	\$ 6,640.84

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP. DC. JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability								
				A	B	C	D	E	F	G	H	I
				\$10,001-\$15,000								
				\$15,001-\$50,000								
				\$50,001-\$100,000								
				\$100,001-\$250,000								
				\$250,001-\$500,000								
				\$500,001-\$1,000,000								
				\$1,000,001-\$5,000,000								
				\$5,000,001-\$25,000,000								
				\$25,000,001-\$50,000,000								
				Over \$50,000,000								
				Over \$1,000,000* (Spouse/DC)								

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

New Members and second-year candidates report positions held in the reporting period and the current calendar year.

First-year candidates and new employees report positions held in the current calendar year and two previous years.

Name of Organization

Position

SEE NEXT PAGE

SCHEDULE E – POSITIONS**SYLVIA R GARCIA****PAGE 6 OF 7**

Position	Name of Organization
Committee Member	Texas Senate Intergovernmental Relations Committee
Committee Member	Texas Senate Natural Resources & Economic Development Committee
Committee Member	Texas Senate Transportation Committee
Committee Member	Texas Senate Criminal Justice Committee
Committee Member	Texas Joint Interim Committee to Study a Coastal Barrier System
Committee Member Ex Officio	Texas Department of Transportation Freight Advisory Committee
Committee Member Ex Officio	Transportation Policy Council, Houston - Galveston Area Council
Committee Member	Joint Interim Committee to Study State Judicial Salaries
Committee Member	Governing Body of the Texas Legislative Council (85th interim)

SCHEDULE F - AGREEMENTS

SYLVIA R. GARCIA

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
12/31/2008	City of Houston	Defined Benefit Plan
12/31/2012	Texas County and District Retirement System	Defined Benefit Plan
12/31/2012	Harris County, Texas	Defined Compensation Plan 457
2/1/2019	Employee Retirement System of Texas (ERS)	Defined Benefit Plan

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hornetown, Homestate	Accounting Services
NONE	

Use additional sheets if more space is required.